STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR APPROVAL

MARRIAGE AND FAMILY THERAPIST APPROVED SUPERVISOR

DOPL-AP-063 REV 03/13/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of your application. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit official documentation of completion of at least two (2) semester hours (30 clock hours) of instruction in the theory, practice, and process of supervision. Course work must be completed prior to providing supervision.

2. Submit a completed ARecord of Supervision@ form documenting at least thirty-six (36) hours of individual supervision of Marriage and Family therapy supervision over a period of at least nine months with an American Association of Marriage and Family Therapists (AAMFT) or Utah approved supervisor;
   OR

verification of designation as a supervisor in the American Association of Marriage and Family Therapists.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice.

   The following applicable laws and rules are available on the Internet at http://www.commerce.state.ut.us/DOPL/dopl1.htm

   You may also purchase them for a fee from Experior, 5486 South 1900 W, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

   - Division of Occupational & Professional Licensing Act
   - General Rules of the Division of Occupational & Professional Licensing
   - Mental Health Professional Practice Act
   - Mental Health Professional Practice Act Rules
   - Marriage and Family Therapist Licensing Act Rules

2. **AAMFT Designation:** Designation as a supervisor in the American Association of Marriage and Family Therapists (AAMFT) automatically qualifies one as a designated supervisor under the licensing law of Utah provided the supervisor is licensed as a Marriage and Family Therapist in the State of Utah.

3. **Qualifications for Utah Approval:** To be approved as a Marriage and Family Therapist Supervisor to provide supervision of marriage and family therapy and mental health therapy post graduate supervised experience, an individual must meet the requirements as specified in the Marriage and Family Therapist Licensing Act Rules R156-60b-302d. The qualifications for designation as an approved supervisor include:

   - be currently licensed in good standing, in accordance with the requirements of the state in which the supervisor practices as an MFT;
   - be currently licensed in good standing as an MFT in that state in which the supervised training is being performed;
   - demonstrate practice as a licensed MFT engaged in the practice of mental health therapy for not less than 4000 hours in a period of not less than two years;
   - successfully complete 30 clock hours of instruction approved by the division in collaboration with the board in the theory, practice, and process of supervision; and
   - successfully complete 36 clock hours of training (supervision of supervision) related to the practice of supervision under the direction of an approved marriage and family therapist training supervisor.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial:	(801) 530-6727
	(801) 530-6162
Utah Toll Free:	(866) ASK-DOPL
	(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____Maiden Name:_____

First Name: _____Middle Name: _____

Have You Ever Held A Utah License Before? Yes_____ No_____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female):_____Date of Birth:_____

PUBLIC MAILING ADDRESS

Street:_____

City:_____State:_____Zip:_____

County:_____

Telephone:_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved:_____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____Marriage and Family Therapist Approved Supervisor

EDUCATION REQUIREMENT:

List courses or workshops taken as provided by professional organizations or institutions, recognized by the Board, which specifically address the theory, practice, and process of supervision:

Course/Workshop:_____

Date Taken:_____/_____/_____Hours:_____

Course/Workshop:_____

Date Taken:_____/_____/_____Hours:_____

Course/Workshop:_____

Date Taken:_____/_____/_____Hours:_____

Course/Workshop:_____

Date Taken:_____/_____/_____Hours:_____

Course/Workshop:_____

Date Taken:_____/_____/_____Hours:_____

Total Hours:

Answer AYes@ or ANo@

_____I have enclosed official documentation indicating completion of course work.

LICENSES:

List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any occupation or profession. Use additional sheets if necessary.

Issuing State: _____

Profession:_____

Issuing State: _____

Profession:_____

PROFESSIONAL EMPLOYMENT EXPERIENCE:

List in chronological order your places of licensed professional employment experience totaling 4000 hours of mental health therapy.. Please show month and year for each. Use additional sheets if necessary.

Position: _____

Telephone: _____

Organization:_____

Address:_____

Contact Person: _____

Dates of Employment: _____/_____ to _____/_____

Primary Responsibilities/Activities: _____

_____

# of hours providing clinical services per week:_____

Position: _____

Telephone: _____

Organization:_____

Address:_____

Contact Person: _____

Dates of Employment: _____/_____ to _____/_____

Primary Responsibilities/Activities: _____

_____

# of hours providing clinical services per week:_____

Position: _____

Telephone: _____

Organization:_____

Address:_____

Contact Person: _____

Dates of Employment: _____/_____ to _____/_____

Primary Responsibilities/Activities: _____

_____

# of hours providing clinical services per week:_____

MARRIAGE AND FAMILY THERAPIST QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?

2. _____Have you ever been denied the right to sit for a professional licensure examination?

3. _____Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

4. _____Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice a regulated profession while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?

5. _____Is any disciplinary action pending against you now by any licensing agency?

6. _____Have you ever had hospital or other health care facility privileges, or professional association membership denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?

7. _____Have you ever been permitted to resign or surrender hospital or other health care facility privileges, professional association membership, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?

8. _____Is any action related to your conduct or patient care pending against you now at any hospital, health care facility or agency?

9. _____Have you had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?

10. _____Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?

11. _____Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. _____Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?

13. _____Have you been named as a defendant in a malpractice suit during the past ten years? The filing date of the complaint naming you as a defendant should be considered to be the date of the malpractice suit for purposes of responding to this question.

14. _____Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?

15. _____Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

16. _____If you are licensed in the profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?

17. _____Are you currently using or have you recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

18. _____Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

19. _____Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? **Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed**, however, minor traffic offenses such as parking or speeding violations need not be listed.

    If you answer yes to this question, you must include with your application, a court docket for each and every arrest and/or conviction within the past ten years. Also, if you are currently on probation or parole, you must include a probation/parole officer report.

20. _____Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

21. _____Have you ever been involved as the abuser in any incident of verbal, physical,

mental, or sexual abuse?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean the applicant will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure, certification, or registration, by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801 530-6511

RECORD OF SUPERVISION

TO BE COMPLETED BY THE SUPERVISOR OF THE REQUIRED SUPERVISED HOURS:

Applicant Name:_____

Supervisor's Name:_____

Supervisor's License issued: State_____Profession:_____Year:_____

Inclusive Dates of Supervision: From_____/_____To_____/_____

Total hours of supervision provided (min 36 hours):_____

The hours supervised are reported on the basis of:

_____Supervisor=s appointment calendars or records

_____Supervisor=s best recollection

Describe the goals and processes of supervision used by the supervisor:_____

_____

_____

I do hereby certify that the applicant for approval as a marriage and family therapist supervisor has successfully completed 36 hours of individual supervision over a period of at least nine months.

I further certify that the applicant:

_____is qualified and competent to be a marriage and family therapist supervisor.

_____is not qualified and competent to be a marriage and family therapist supervisor.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation (attach additional pages as needed).

_____

_____

_____

_____

I certify that I am an approved licensed marriage and family therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules.

Signature of Supervisor:_____

Date: _____